



HOMES FOR ORPHANED PETS EXIST (H.O.P.E.)

Wilton Mall at Saratoga Springs
3065 Route 50, D-1, Box 68
Saratoga Springs, NY 12866
(518) 450-7013

Application to Provide Foster Care

Date: _____

The answers you give on this application will help us find the best possible match between you and a pet with our rescue program. The more we know about you, the better we are able to make each foster placement successful!

Applicant's Name: _____

Partner/Spouse's Name: _____

Address (House # and Street Name (No P.O. Box #'s): _____

Address (City, State, Zip Code, County): _____

Home Telephone #: _____ Cell Phone #: _____

E-Mail Address: _____ Partner's Cell #: _____

Employer: _____ Partner's Employer: _____

Work #: _____ Partner's Work #: _____

Referred by: _____

Veterinarian (include name/telephone #): _____

Type of dwelling (circle): House / Condo / Apartment / Mobile Home / Other

Do you rent your home and / or the property on which your home is located: Yes / No

If you rent your home and/or the property on which your home is located, please provide your Landlord's contact information (include name & telephone #): _____

How many people live in the household: Adults: Children:

Children's Ages: _____ How often do children visit? _____

Does any household member or frequent visitor have any allergies? Yes / No

If yes, please explain: _____

Do you have a yard? Yes / No If yes, what is the approximate size: _____

Do you have fencing? Yes / No If yes, type and height: _____

If the pet is a dog, how important is it that the dog be reliable loose outside?

Very / Somewhat / Not at all

Please list the reasons you would like to foster a pet: _____

What characteristics are important to you, e.g., calm, playful, travels well, etc.: _____

In the past five years, how many dogs have you owned? _____ Cats? _____

Please list the breeds: _____

Do you still have them: Yes / No If not, why not? _____

For how long did you have the pets? _____

Where will the H.O.P.E. pet be kept during the day? _____

How do you plan to exercise the H.O.P.E. pet? _____

Where will the H.O.P.E. pet be primarily living?

Inside: Home / Garage / Basement / Barn / Other

Outside

Do you prefer a: Male / Female / No Preference? What age do you prefer? _____

Would you consider over 5 years? Yes / No Over 8 years? Yes / No

How many hours per day will the pet be left alone? _____

If the pet is a dog, for how many hours per day would the dog be crated? _____

If the adoptive pet is a dog, are you willing to take the dog to obedience training? Yes / No

Is this your first experience with a dog or cat? Yes / No

What do you consider to be a reasonable amount of time to allow the pet to adjust to your home? _____

Please explain how you have disciplined previous pets and how you plan to discipline a H.O.P.E. pet: _____

Please explain the training methods you have used with previous pets, and what training methods you plan to use to train a H.O.P.E. pet: _____

Briefly describe how you plan to ensure safe interactions between the H.O.P.E. pet, your own pets, children, visitors, etc. _____

Does the applicant(s) understand that by signing this application, applicant(s) are providing authorization to the applicant's veterinarian(s) and/or landlord to release any and all information requested by H.O.P.E. Yes / No

Does the applicant(s) understand that by signing this application, applicant(s) are releasing their veterinarian, veterinarian's employees, landlord and/or H.O.P.E. from any liability associated with releasing requested information to H.O.P.E. Yes / No

Applicant's Signature: _____

Co-Applicant's Signature: _____

H.O.P.E. Rescue Representative's Signature: _____